

Broker

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/049763

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DER.	IND.	DER.	IND.	DER.
	IND.	DER.	IND.	DER.	IND.	DER.						
1	1		1						51			
2	1		1						52			
3	1		1						53			
4	3		1						54			
5	2		1						55			
6	2		1						56			
7	2		1						57			
8	2		1						58			
9	2		1						59			
10	2		1						60			
11	2		1						61			
12	2		1						62			
13	2		1						63			
14	2		1						64			
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17	2		1						67			
18	2		1						68			
19	2		1						69			
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43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.			1						TOTAL IND.			
TOTAL DER.			22						TOTAL DER.			
TOTAL CLAIMS			23						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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